

Idaho State University (ISU)
**Informed Consent and Release to allow ISU to use student's criminal background investigation,
drug screen, and any other applicable reports**

Instructions: This form is to be used when a student is: 1) applying for admission to a program, 2) applying for field-based experience, or 3) requesting to complete a health care program's clinical requirement. Questions may be directed to the Office of General Counsel at 282-2683.

I am submitting this form in conjunction with my: (check one applicable item and fill in the blank)

_____ 1. Application for admission to the ISU College of _____
(Program).

_____ 2. Application for field-based experience with the ISU College of _____
_____ (Program).

_____ 3. Request to participate in health care clinical education for the ISU College of
_____ (Program).

I hereby authorize the University, any qualified agent, and/or clinical affiliate/agency to receive and use in connection with the program checked above any of the following information including, but not limited to: criminal background information, including copies of my past and present nationwide law enforcement records; drug screen reports; insurance; Social Security number trace for previous residencies, employment checks, Office of Inspector General (OIG) Sanctions List, General Services Administration's Excluded Parties Listing System (GSA/EPLS), violent sex offender and predator registry search, applicable state exclusion list, US Treasury Office of Foreign Assets Control (OFAC), and the list of specifically designated nationals. I will purchase an ISU approved criminal background investigation from the designated third party vendor for the purpose of assisting the Program and/or the clinical affiliate/agency in evaluating my suitability for admission to a program, field-based experience, or participation in a clinical internship experience. The release of information pertaining to a background investigation is expressly authorized.

I understand that information contained in the criminal background report or any additional reports may result in: 1) my being denied full admission to the Program and, consequently, dismissal from the Program; or 2) my being denied or dismissed from the field-based experience and, consequently, denied admission to or dismissal from the Program; or 3) my being denied a clinical assignment and, consequently, dismissal from the program. I also understand that I will be afforded the opportunity to be heard before any such withdrawal from the Program.

I understand that I have online access to the vendor's results to review the same information that the Program receives in a criminal background investigation. I understand that reasonable efforts will be made by ISU to protect the confidentiality of the information it receives. I further understand that the results of the criminal background check and other reports may be reviewed by the following individuals and entities when evaluating my suitability, including but not limited to: the applicable dean, chair, program, department, the Office of General Counsel, and clinical affiliates or agencies.

If adverse information is contained in my report(s), I understand that I can view my own results and may be asked to provide more information in writing to the Program. I understand that admission decisions made by the Program are not subject to appeal.

I hereby give the Program permission to release my criminal background report and any other reports to affiliates and/or agencies to which I am assigned for clinical or educational experience prior to beginning the assignment and regardless of whether such affiliates and/or agencies have required the background check or other reports. I understand the affiliates or agencies may refuse me access to their clients/patients based on information contained in the criminal background check or other reports and that the affiliates'/agencies' criteria may differ from that of the Program.

I hereby release and hold harmless the State of Idaho, the University, its agents, officers, governing board, employees and/or the affiliates and agencies from any liability or damage in providing and disclosing such background information or any other reports. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I understand the University is not responsible for the accuracy and content of the background information provided by the third party vendor or any other reports and I hereby further release and hold harmless the State of Idaho, the University, its agents, officers, governing board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of background information.

Additionally, I understand that the background check, drug screen, additional reports, program admission, field experience, and placement are subject to the requirements of the ISUPP Student Affairs - Criminal Background Checks policy available at: http://www.isu.edu/policy/fs-handbook/part6/6_4/6_4o.html. I also understand that I am responsible for all costs associated with this process.

My signature below shows that I have carefully read this document and understand and agree to its contents:

Signature: _____ **Date** _____
(Student or Parent/Legal Guardian if under 18)

Print Student Name _____

Please print or type all names you have used in the past (use other side of page if necessary):

Student Date of Birth _____

ISU Witness _____ Date _____

Print Name _____

Department _____